



**Iowa Retirement Investors' Club (RIC)**  
**457/401a Plans**  
 Look forward to retirement!

## Waverly Health Center RIC Account Form

WAVERLYHEALTH  
CENTER

### Personal Information

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI Existing accounts need last 4 digits only

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Phone (work) \_\_\_\_\_ Phone (home) \_\_\_\_\_

### 457 Payroll Deduction Election

The combined amount of all 457 pretax and Roth contributions in a tax year is limited to the IRS annually declared maximum contribution limits (see <https://das.iowa.gov/RIC/PSE/contributions>).

Changes affect the 1<sup>st</sup> available check of the month following receipt of this form unless a future effective date is indicated. The amount per check should be based on 26 pay periods per year.

Alternative effective date (if desired) ☐ Begin as of \_\_\_\_\_ ☐ 1 check only \_\_\_\_\_ ☐ Final check \_\_\_\_\_

	MassMutual	Voya
<b>Deduction amount</b>	Pretax \$ _____ or _____% Roth \$ _____ or _____% <input type="checkbox"/> Stop deductions	Pretax \$ _____ or _____% Roth \$ _____ or _____% <input type="checkbox"/> Stop deductions

### Provider Transfer Request

*Account must be established with receiving provider.*

Transfer: ☐ 100% ☐ Amount \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

☐ MassMutual

☐ MassMutual

☐ Voya

☐ Voya

Make check payable to: \_\_\_\_\_

FBO: Participant, Plan #: \_\_\_\_\_

Mail to: \_\_\_\_\_

RIC administrator signature: X \_\_\_\_\_

Date \_\_\_\_\_

### Participant Signature

I authorize my employer to process these requests. I have access and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC) as disclosed in the Plan Document. I have established 457 and 401a accounts with a RIC provider. I understand that the total of all 457 contributions made in the calendar year must not exceed the federal limits as required by the Internal Revenue Code section 457. I understand that withdrawals may only be made upon termination of employment or qualification for an in-service distribution.

X \_\_\_\_\_

Participant Signature

Date

### Form Submission

**New accounts:** Provider account forms: Forward to the provider  
 RIC Account Form: Forward to your Human Resources office (shown below)

**Existing account changes:** RIC Account Form: Forward to your Human Resources office (shown below)

### Agent Use Only (Not require, but preferred)

I am authorized to open accounts for this employee and verify that the participant has established 457/401a accounts with the provider shown below.

Print Agent Name \_\_\_\_\_ Agent Signature \_\_\_\_\_ Agent Phone Number \_\_\_\_\_ Provider Name \_\_\_\_\_ Date \_\_\_\_\_

Received by RIC	Human Resources Office	RIC Use Only
	Date Received: _____	Date Pended: _____
	Paycheck Effective Date: _____	Entered: _____
	Name: _____	Checked: _____



Visit the RIC website at <https://das.iowa.gov/RIC> and click on the Public Employees portal to access the RIC At-A-Glance (from Your Plan Details), IRS maximum contribution limits, and other plan options specific to your employer's 457/401a plans.

### Waverly Health Center

312 Ninth Street SW ■ Human Resources ■ Waverly, IA 50677 ■ (319) 352-4120 ■ Fax (319) 483-4027